# **HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)**

NAME (Last, First, Middle)

Okamoto, Duane Kenneth

STATE POSITION HELD: (Dept/Div or Board/Commission) Deputy Director, Department of Agriculture

TERM OF OFFICE (Begin/End): 4/1/05

12/31/06

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and

## ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more

received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	Okamoto Consulting Group, Inc. 2121 Lanihuli Dr. Honolulu, HI 96822	С	Consulting Services
SP	Department of Prosecuting Attorney 1060 Richards St. Honolulu, HI 96813	D ·	Attorney Services
DC	DOMO, Inc. 2121 Lanihuli Dr. Honolulu, HI 96822	В	Data Analyst
DC	Carlsmith Ball 1001 Bishop St. Honolulu, HI 96813	В	Office Clerk

]Check here if entry is None

[ ]Check here if additional sheets are attached

### ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the

ownership of the business.

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
F	Okamoto Consulting Group, Inc. 2121 Lanihuli Dr. Honolulu, HI 96822	Management Consulti	ng Owner	В
DC	DOMO, Inc. 2121 Lanihuli Dr. Honolulu, HI 96822	Data entry & analys	is Co-owner	A
DC	American Funds PO Box 25065 Santa Ana, CA 92799	Mutual Funds	Shares	E
DC	Fidelity Investments PO Box 770001 Cincinnati, OH 45277	Mutual Funds	Shares	В
DC	Putnam Investments PO Box 41203 Providence, RI 02940	Mutual Funds	Shares	С

[ ]Check here if additional sheets are attached

#### ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DI PERIOD	JRING THIS DISCLOSURE	DATE OF TRANSFER
[X]Chec	k here if entry is None	[ ]Check here if additiona	I sheets are attached

#### **ITEM 4: CREDITORS**

List the name and address of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding (excluding debts arising out of retail transactions or the purchase of consumer goods).

F,SP, DC,JT	NAME OF CREDITOR AND ADDRESS	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
F	Hawaii State Federal Credit Union PO Box 3072 Honolulu, HI 96802	С	С
JT	CUSO of Hawaii 2200 Kamehameha Hwy., Suite 212 Honolulu, HI 96819	н	Н
SP	US Department of Education PO Box 5609 Greenville, TX 75403	C	В

#### [ ]Check here if entry is None

[ ]Check here if additional sheets are attached

# ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	Okamoto Consulting Group, Inc. 2121 Lanihuli Dr. Honolulu, HI 96822	President/Tres.	Indefinite	С
SP	Okamoto Consulting Group, Inc. 2121 Lanihuli Dr. Honolulu, HI 96822	VP/Sec.	Indefinite	A
DC :	DOMO, Inc. 2121 Lanihuli Dr. Honolulu, HI 96822	VP/Tres.	Indefinite	В

[ ]Check here if entry is None

[ ]Check here if additional sheets are attached

#### ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE

List interests in real property in the State, held during the disclosure period, if the interest has a value of \$10,000 or more. F.SP. STREET ADDRESS TAX MAP KEY NUMBER VALUE DC,JT JT 2121 Lanihuli Dr. 1-2-8-020-014-0000-000 Ι Honolulu, HI 96822 [ ]Check here if additional sheets are attached ]Check here if entry is None ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED List interests in real property in the State, acquired during the disclosure period, if the interest has a value of \$10,000 or more. NAME OF PERSON F,SP. TAX MAP KEY NUMBER & STREET ADDRESS AMOUNT & NATURE OF RECEIVING THE **CONSIDERATION PAID** DC,JT CONSIDERATION  $^{\mathsf{I}}$   $^{\mathsf{X}}$   $^{\mathsf{N}}$   $^{\mathsf{N}}$   $^{\mathsf{N}}$   $^{\mathsf{N}}$   $^{\mathsf{N}}$   $^{\mathsf{N}}$   $^{\mathsf{N}}$ [ ]Check here if additional sheets are attached ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED List interests in real property in the State, transferred during the disclosure period, if the interest has a value of \$10,000 or more. TAX MAP KEY NUMBER & STREET ADDRESS AMOUNT & NATURE OF NAME OF PERSON F.SP. **FURNISHING THE** CONSIDERATION RECEIVED DC,JT CONSIDERATION

[ ]Check here if additional sheets are attached

[X]Check here if entry is None

# ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

NAME OF STATE AGENCY

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

[X] Check here if entry is None		 	 	 eets are at	
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## ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
			*05 MAY -2 A11 STATE STATE OF HANA A	RECÉIVED
			\$ 6	

[X]Check here if entry is None

NAME OF CLIENT

[ ]Check here if additional sheets are attached

**CERTIFICATION:** I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

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4/25/05 BATE

**FORM D-201**